

LINES OF CREDIT

PRE-APPROVED \$25,000 TO \$500,000+

No Collateral or Personal Credit Required

Get a Quote Within Minutes

- 3 to 60 Month Payback Period Options

Approvals in Hours

- Interest Rates Starting at 5.99%

Funds Deposited Same Day

- Monthly Payments

WE BEAT ANY OFFER GUARANTEED

- Approval Range of \$25,000 - \$500,000 +

- No Restrictions on Use of Funds

For a Free Quote, please fill out the form below and FAX back to: (888) 502-0728

Company Name

Contact Name

Industry

Years in Business

Amount Requested

 \$

Monthly Bank Deposits

 \$

Company Phone

Mobile Phone

E-mail Address

Best Time to Call

OUR RECENTLY FUNDED MEDICAL LOANS

**Dental Office
Bryan, TX**

**\$300,000 at 5%
over 60 Months**

Use: Cash Flow

**Pharmacist
San Diego, CA**

**\$165,000 at 6%
over 45 Months**

Use: Payroll

**Home Health
Nampa, ID**

**\$110,000 at 8%
over 32 Months**

Use: Refinance

**Optometrist
Kissimmee, FL**

**\$65,000 at 9%
over 12 Months**

Use: Equipment



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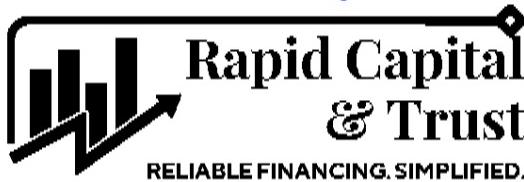
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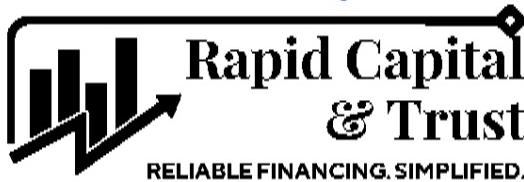
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Rapid Capital & Trust

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No Personal Credit or Collateral Required

Line of Credit Size \$25,000 - \$500,000 +

Payback Period 3 to 60 Months Options

Interest Rate Starting At 5.99%

Repayment Monthly Payment

Funding Timeline Same Day Approval & Same Day Funding

Features We Will Beat ANY Offer Guaranteed, No Restrictions on Use of Funds.

For a **Free Quote**, please fill out the form below and **FAX** back to: **(888) 502-0728**

Company Name: _____ Contact Name: _____

Company Phone: _____ Best Time to Call: _____

Cell Phone: _____ Business Type: _____

Email Address: _____ Years In Business: _____

Amount Requested: \$_____ Monthly Revenue: \$_____

RECENTLY FUNDED MEDICAL LOANS

Amount	Industry	Location	Use	Payback	Rate
\$250,000	Dentist	TX	Working Capital	60 Months	5%
\$150,000	Pharmacist	CA	Cash Flow	48 Months	6%
\$100,000	Surgeon	OR	Working Capital	36 Months	7%
\$75,000	Optometrist	MI	Staff	24 Months	8%
\$50,000	Podiatrist	IA	Payroll	12 Months	9%

*This letter is to follow up with medical professionals who are in our network program.
To unsubscribe, please visit PleaseUnsubscribeMyFax.com*

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Recently Funded Medical Loans

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For a **Free Quote**, please fill out the form below and **FAX** back to: **(877) 359-1801**

Practice Name: _____ Contact Name: _____

Practice Phone: _____ Best Time to Call: _____

Cell Phone: _____ Practice Type: _____

Email Address: _____ Years In Business: _____

Amount Requested: \$ _____ Monthly Revenue: \$ _____

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SCAN TO LEARN MORE



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